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37362 7590 05/05/2004

NEIL STEINBERG
 STEINBERG & WHITT, LLP
 2665 MARINE WAY, SUITE 1150
 MOUNTAIN VIEW, CA 94043



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<i>Michiko Siter</i>	(Depositor's name)
<i>Michiko Siter</i>	(Signature)
<i>June 8, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/646,313	08/22/2003	Jun Ye	213.002-D1	9773

TITLE OF INVENTION: SYSTEM AND METHOD FOR LITHOGRAPHY PROCESS MONITORING AND CONTROL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/05/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LE, QUE TAN	2878	250-208100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Neil A. Steinberg

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Brion Technologies, Inc.

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☒ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 5 copies☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number _____ (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Neil A. Steinberg, Reg. No. 34,735

June 8, 2004

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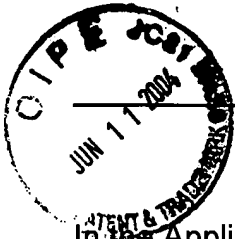
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/14/2004 SDENBDB2 00000013 10646313

01 FC:2501
 02 FC:1504
 03 FC:8001

665.00 OP
 300.00 OP
 15.00 OP



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Case No. 213.002-D1-US)

In the Application of: **Ye et al.**

Serial No: **10/646,313**

Filed: **August 22, 2003**

Title: **System and Method for Lithography
Process Monitoring and Control**

) Group Art Unit: **2878**
)
) Before Examiner: **Que Tan Le**
)
)
)
)

Mail Stop Issue Fee
Commissioner for Patents
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Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE

Dear Sir:

Transmitted herewith for the above-referenced application are:

- ☒ [XX] Issue Fee Transmittal Form PTOL-85B.
- ☒ [XX] Utility Fee: \$665.00.
- ☒ [XX] Publication Fee: \$300.00.
- ☒ [XX] Advance Order - # of Copies 5.
- ☒ [XX] A check in the amount of \$980.00 is attached.
- ☒ [XX] The Assistant Commissioner is hereby authorized to charge and credit Deposit Account No. 50-0763 as described below. A duplicate copy of this sheet is enclosed.
- ☐ [] Charge the amount of \$_____.
- ☒ [XX] Credit any overpayment.
- ☒ [XX] Charge any additional fee required.

Date: June 8, 2004

Respectfully submitted,

Neil A. Steinberg
Reg. No. 34,735
650-968-8079